

N12.000010916

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

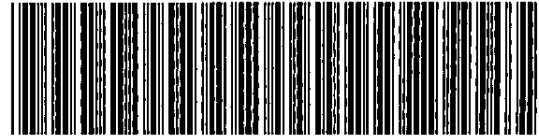
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2012 NOV 20 AM 10:34
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TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
12 NOV 20 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: National Congress of Black Women, Inc. Tallahassee
Chapter
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

\$70.00
Filing Fee

\$78.75
Filing Fee &
Certificate of
Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Emily Moore
Name (Printed or typed)

P O Box 10966
Address

Tallahassee, FL 32302-2966
City, State & Zip

850-566-1663
Daytime Telephone number

emily.moore@floridaeq.org
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: National Congress of Black Women Inc. Tallahassee chapter

ARTICLE II PRINCIPAL OFFICE

Principal street address
2920 Capital Medical Blvd
Tallahassee FL 32308

Mailing address, if different is:
46 Ms. Emily Moore
P.O. Box 10966
Tallahassee FL 32302

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to serve as an operational branch, via March 17, 2011 charter from the National Congress of Black Women, Inc (NCBW), a 501(c)(3) non-profit organization dedicated to the educational, political, economic, and cultural development of African American Women and their families.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: as provided for in the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Phelicia D. Stell, Acting Chair
Address: 2920 Capital Medical Blvd
Tallahassee FL 32308

Name and Title: Juanita Powell-Williams
Address: Immediate Past Chair
2867 Lorimer Terrace
Jacksonville, FL 32207

Name and Title: T. Denise Manning 1st VC
Address: 837 East Park Ave
Tallahassee, FL 32308

Name and Title: Emily Moore, chaplain
Address: Acting Treasurer
P.O. Box 10966
Tallahassee, FL 32302-2966

Name and Title: Violetta Coombs, 2nd VC
Address: P.O. Box 37040
Tallahassee FL 32315

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Emily Moore
Address: 213 South Adams Street
Tallahassee FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Emily Moore
Address: P.O. Box 10966
Tallahassee FL 32302

FEIN # 52-1436163

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TALLAHASSEE, FLORIDA

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

[Signature]

Required Signature of Registered Agent

11-20-2012

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

[Signature]

Required Signature of Incorporator

11-20-2012

Date